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POWER OF ATTORNEY					Attorney Docket Number	20526Y					
					First Named Inventor	Dann Leroy Parker, Jr.					
				CATION	COMPLETE IF KNOWN						
	(37	(37 CFR 1.63)			Application Number						
X	Declaration Submitted			Declaration Submitted after Initial	Filing Date						
	with Initial Filing	OR	_	Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit						
				required)	Examiner Name						

As a below named inventor, I hereby declare that:												
My residence, post office address, and citizenship are as stated below next to my name.												
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
ESTROGEN RECEPTOR MODULATORS												
	(Title of the Invention)											
the specification of which		•										
is attached hereto												
OR was filed on (MM/DD/	YYYY)	•	as United States Applica	tion Number or PCT Inter	national							
Application Number	an	d was amer	nded on (MM/DD/YYYY)		(if applicable).							
I hereby state that I have rev amended by any amendment			ents of the above identified	specification, including th	ne claims, as							
			1.000 11:0		1 1.115							
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56.												
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.												
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Num	Priority Claimed? ber YES NO								
		-										
Additional foreign applicat	tion numbers are listed	on a suppler	mental priority data sheet PTO/	SB/02B attached hereto:								
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United Stat	tes provisional application(s) lis	ted below.								
Application Num	ber(s)		Filing Date (MM/DD/YYYY)	Attorney Docket Number								
60/182,372		02/14/20	00	20526PV								
				`								
	<u> </u>											



DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
	U.S. Parent Application or PCT Parent Application Number							Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
		••		CONTRACTOR & S.A.J				(y apparame)							
-															
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint, respectively and individually, as my attorneys or agents with full power of substitution and revocation, the															
following reg	gistered pi	I hereby appoint, resperactitioner(s) to prosec											ion, the		
connected therewith: Customer Number Place Customer Number															
X Registered practitioner(s) name/registration number listed below															
	Nan	ne	J <u>-</u>	Registi Nun				Na	ıme				tration nber		
Nicole M. Wa	llinger		45,19	45,194			Melvin V	Winokur				32,763			
Direct all co	orrespon	dence to: X Cust	omer N	umber	or Bar C	ode I	Label	_0002	210:						
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Country	USA Telephone					e (732)594-1107 Fax				((732)594-4720				
belief are be the like so r	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole	or First	Inventor:					A per	tition has bee	n filed fo	r this un	signed	inventor			
	ilyen N	ame (first and mid	dle [if	any])					amily Na	ame or	Surna	me			
Dann Lokoy Parker, Jr. Inventor's															
Signature		(lhown	4	Ky	Kul	nj			Date	H	HED 144001				
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City		Rahway					State	NJ	ZIP		07065	5-0907			
Additional inventors are being named on the supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.															

DECLARATION AND POWER OF ATTORNEY

DDITIONAL INVENTOR(S) Supplemental Sheet

Name of Addition	oint Inventor, if any:		A petition has been filed for this unsigned inventor								
Give		Family Name or Surname									
Ronald W.	Ratel	Ratcliffe									
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City		Rahway		· .	State	tate NJ Z		ZIP	07065-0907		
Name of Addition	ıal J	oint Inventor, if any:		10.7		A petition has been filed for this unsigned inventor					
Give	n N	ame (first and middle [if	f any])				F	amily Na	me or Surnan	ne	
Robert R.		^			Wilke	ning					
Inventor's Signature								Date	2(14/2001		
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Give	n N	ame (first and middle [it	f any])		Family Name or Surname						
Kenneth J.					Wildo	nger				· · · · · · · · · · · · · · · · · · ·	
Inventor's Signature	K	enned f-le) [] (Slage	Date				2/14/2001		
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City Rahway					State	State NJ			07065-0907		
Name of Addition	nal J	oint Inventor, if any:			A petition has been filed for this unsigned inventor						
Give	ame (first and middle [i		Family Name or Surname								
Inventor's Signature						I					
Residence: State				Co	Country Citizenship						
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City			State NJ			ZIP	07065-0907				